

01-R-1060

Entered - 5-2-01 - sb
CL - 01L0280 ALEXIS HOLMES

CLAIM OF: ANNIE CROWDER
582 Techwood Drive
Apartment 1611
Atlanta, Georgia 30313

For damages alleged to have been sustained as a result of a vehicular incident when police were pursuing a suspect on February 1, 1998 at 582 Techwood Drive, Apartment 1611.

THIS ADVERSE REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0280

Date: 6/22/01

Claimant /Victim ANNIE CROWDER

BY: (Atty)(Ins.) _____

Address: 582 Techwood Drive, Apartment 1611

Subrogation _____ Claim for Property damage \$ 739.39 Bodily Injury \$ _____

Date of Notice: 5/1/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 _____ Ante Litem (6 Mo.) _____

Date of Occurrence 2/1/98 Place: 582 Techwood Drive, Apartment 1611

Department Police Division: Field Operations Division

Employee involved Lt. J. W. Shuffett Disciplinary Action: None taken

NATURE OF CLAIM: The claimant sustained vehicular damage when a City of Atlanta police officer pursuing a suspect climbed onto a dumpster to clear a fence, and the dumpster rolled and struck the claimant's vehicle. However, the claimant failed to meet the O.C.G.A. §36-33-5 Written Notice requirement when she filed her claim more than six (6) months after the event took place, upon which she is alleging claims against the City

INVESTIGATION:

Statements: City employee X Claimant X Other _____ Written _____ Oral X

Pictures X Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months X Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 06-25-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 4-19-01

Dear Municipal Clerk:

ENTERED - 5-2-01 - SB
01L0280 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 739.39 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 12 2000 2. Time of Incident: 2-4 3. Police called: IT WAS POLICE
(month/day/ year) Yes No
4. Location of incident (including street address): 582 Techwood Dr Apt 1611 Atlanta 30313
5. Name of your insurance company: ACCEPTANCE INSURANCE Policy No. UPCF-20911
6. State what and how incident occurred: POLICE OUTCHASE

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title). 825MX

Your vehicle: 1986 CADILLAC FLEETWOOD ANNIE CROWDER
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: POLICE CAR LT. WOOD J HUFFGIT ZONS 5 PRECENT
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: SECURITY OFFICE CROCKER 404 858-7830
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Annie Crowder
Signature of Claimant

ANNIE CROWDER
(Print Claimant's Name)
582 Techwood Dr Apt 1611
(Address)
Atlanta Ga 30313
(City, State and Zip Code)
704 874-2834
(Work Number) (Home Number)

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